

216020602
99437

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

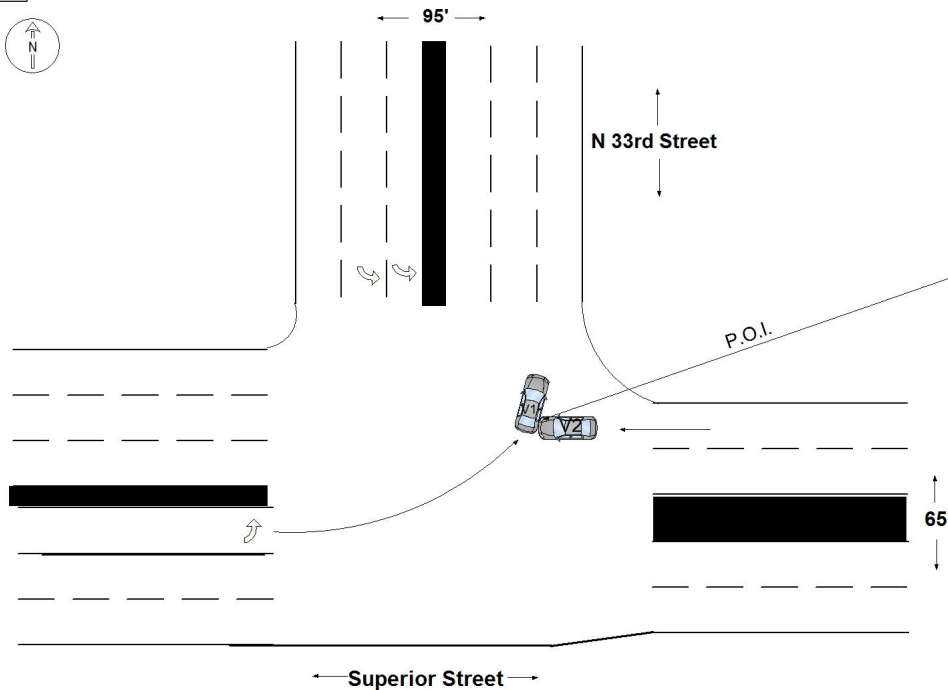
2	Total Number of Vehicles	Local No./ District 116	Agency Case No. B6-044326	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		(In Military Time) TIME OF ACCIDENT 2152	STATE USE ONLY									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2153	05/21/2016									
B	60	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N 33/Superior Streets			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY N 33/Superior Streets												
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
F	1	VEHICLE NO. 1												
V1/N	2	DRIVER LICENSE NO.	H13412045	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE								
V2/N	2	DRIVER	DYLAN M SAMUELS	PHONE	402-380-9455	LOCAL NO.								
G	4	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/07/1994	V1/1 18								
H	5	OWNER	DYLAN M SAMUELS	PHONE	402-380-9455	V1/2 18								
V1/O	2	OWNER ADDRESS	CITY, STATE, ZIP	CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	V1/3 45								
V2/O	1	LICENSE PLATE PA NO.	24F74	YEAR (Plate Expires)	2017	STATE (Of Plate) NE								
I	1	VEHICLE	1994	MAKE	Buick	MODEL	Regal	BODY STYLE	4 door Sedan	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1000	V1/4 18
V1/P	1	VEHICLE ID NO. (VIN)	2G4WB55L0R1421668	INSURANCE COMPANY	Farmers Mutual	POLICY NO.	AU264928	V1/5 18						
V2/P	1	TOWED TO	TOWED BY	V1/6 45										
J	01	VEHICLE NO. 2												
V1/Q	4	DRIVER LICENSE NO.	H12484056	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE								
V2/Q	4	DRIVER	Tammy T Nguyen	PHONE	402-477-9659	LOCAL NO.								
K	03	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/14/1974	V2/1 18								
L	01	OWNER	MARYANN T NGUYEN	PHONE	402-477-9659	V2/2 18								
M	01	OWNER ADDRESS	CITY, STATE, ZIP	CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	V2/3 45								
N	04	LICENSE PLATE PA NO.	RYH540	YEAR (Plate Expires)	2017	STATE (Of Plate) NE								
O	04	VEHICLE	2003	MAKE	Toyota	MODEL	Camry	BODY STYLE	4 door Sedan	COLOR	red	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 250	V2/4 18
P	03	VEHICLE ID NO. (VIN)	4T1BE32K73U152070	INSURANCE COMPANY	State Farm	POLICY NO.	098 6394-E23-27	V2/5 18						
Q	03	TOWED TO	TOWED BY	V2/6 45										
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)														
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)											
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME											
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)											
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME											

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044326

Indicate
North
by Arrow



POI (Approximate)

- 7' S of the N curb of Superior Street

- 11' W of the E curb of N 33rd Street

No Skids

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was turning NB onto N 33rd Street from Superior Street, while V2 was traveling WB in the outside lane in the intersection of N 33/Superior Streets. Samuels was contacted as the driver of V1 and advised Officer that the traffic signal facing WB was green for all traffic on Superior Street heading EB. Additionally, Samuels said the traffic signal facing EB was also green for all traffic on Superior Street heading WB. Samuels notes that he observed V2 to have the right (passenger side) blinker on, indicating they were turning. Samuels estimated his speed to be 10mph. Nguyen was then contacted as the driver of V2 and advised Officer that she was headed WB on Superior Street and confirmed that the traffic control device facing EB displayed a green light for all WB traffic. Nguyen estimated her speed to be 35-40mph.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1	X				N 33/Superior S				4		2		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
N	X	N	X																							
2				X	N 33/Superior																					
1	06	06 Turning left				VEHICLE 1		VEHICLE 2																		
2	01	08 Entering traffic lane				POINT OF IMPACT		POINT OF IMPACT																		
		09 Leaving traffic lane				MOST DAMAGED AREA		MOST DAMAGED AREA																		
		10 Parked				00 None		01		02		03		04												
		11 Slowing or stopped in traffic				09 Top & windows		10 Undercarriage		05		06		07												
		12 Other				11 Total (all areas)		12 Other																		
		13 Unknown																								

OFFICER NO. 1773	TROOP/TEAM/BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Colby Dostal		INVESTIGATOR SIGNATURE Approved by Officer Colby Dostal	DATE OF REPORT 05/21/2016